

# CROSS CONNECTION CONTROL TESTER RENEWAL COURSE

Oregon Department of Human Services Approved  
**PREREGISTRATION IS REQUIRED!!**

ATTENTION!! To avoid a \$15 billing charge please MAKE SURE THAT THIS FORM DOES NOT BECOME SEPARATED FROM YOUR PAYMENT.  
 Thank you!

COURSE: WQT 009-11 Tester Renewal (0.6 CEUs)

DATES: October 15, 2010

TIME: 8:00 am – 3 pm

LOCATION: Clackamas Community College  
 Oregon City, Oregon  
 Training Center, Room T-150

COST: \$85.00

**Please Note: There is a \$15 service charge for purchase orders.**

(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested PRIOR to the beginning of the class.)

Make checks payable to:

**Clackamas Community College - (attach this form to payment)**

Attn: Registrar  
 19600 S. Molalla Avenue  
 Oregon City, OR 97045

-OR- Fax with credit card  
 information to:  
**503-722-5864**

For further information, call 503-657-6958, extension 2388. A letter of confirmation will be mailed to you prior to the start of the class.



## QUICK ENTRY REGISTRATION FORM 2010-2011

Social Security # **or** Student I.D.# \_\_\_\_\_ Birthdate \* \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Previous names

Mailing address \_\_\_\_\_  
Street City State County Zip

Telephone \_\_\_\_\_  
Home Work

High school attended \_\_\_\_\_  
Name Location Graduation Date

SUMMER  FALL  
 WINTER  SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

<p><b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race</b> (Choose all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p> <p><b>Residency/Student Type</b> (Required for tuition purposes)  <input type="checkbox"/> <b>In State</b> (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.) <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other  <input type="checkbox"/> <b>Out of State</b>  <input type="checkbox"/> US citizen and permanent resident outside of Oregon, CA, ID, WA, NV  <input type="checkbox"/> International visitor (B, J, H or other nonstudent Visa)  <input type="checkbox"/> International student (requires I-20)</p>	<p><b>Intended Academic Program</b>                  Program Code/Title _____</p> <p><b>Previous College Attendance</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Name of School _____</p> <p><b>Reason for Enrolling</b>  <input type="checkbox"/> Transfer classes <input type="checkbox"/> Reading/writing/math skills  <input type="checkbox"/> Learn job skills <input type="checkbox"/> Learn English language  <input type="checkbox"/> Update job skills <input type="checkbox"/> Personal interest  <input type="checkbox"/> High school completion/GED <input type="checkbox"/> Other  <input type="checkbox"/> Explore career/academics</p>
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Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
201222	WQT-009-11/1-day Tester Renewal	.6 ceu	8 am					x		T150	10/15/10	\$85

**Payment by:**

- VISA/Mastercard/Discover  **Cash**  
 Check  Cash  
 Other \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Signature \_\_\_\_\_

**FAX to: 503-722-5864 or Mail to:  
 Registrar, Clackamas Community College  
 19600 Molalla Avenue  
 Oregon City, OR 97045-7998**

*A registration confirmation will not be mailed. Please verify your enrollment by going to cougartrax@clackamas.edu*

